

Commentary on “Optimizing the total-body skin exam: An observational cohort study”



To the Editor: We read with interest the observational cohort study by Helm et al suggesting standardization of the total-body skin examination (TBSE).¹ Although we agree that standardization could improve efficiency, we question the consequences of measuring efficiency in seconds, without quality control, and in the absence of both a dermoscopic examination and a thorough examination of the scalp, mucosa, genitals, and nails.

This study reported a range of 75 to 243 seconds for the TBSE, with an average of 152 seconds or 3.5 minutes. In our opinion, this range is misleading and underestimated for the following reasons: (1) the majority of TBSEs missed critical components of a true TBSE, including back of the neck (13 of 20), front of the neck (13 of 20), and underarms (6 of 20); (2) their study failed to mention several components of a TBSE, including the genitalia, mucous membranes, conjunctiva, inframammary folds, intergluteal cleft, and examination between digits and nails; (3) the patient’s demographics, skin cancer history, and lesional concern were not considered; (4) there was no control or follow-up completed with a nontimed physician to evaluate diagnostic accuracy, and time rather than diagnostic accuracy was the measurable outcome; and (5) dermoscopy was not utilized. In a 2008 prospective and randomized multicenter study, dermoscopy added an average of 72 seconds to the TBSE,² which is likely underestimated, as speed was again the outcome being investigated. In contrast to these studies, Hantirah et al³ completed TBSEs on 90 patients, with an average time of more than 6 minutes. Dermoscopy was used in a minority of patients (15 of 90), which would have increased the average length of the reported TBSE.

The time that physicians spend with patients is critically important, as patients are more satisfied when they believe that adequate time was taken to address their concerns.^{3,4} Furthermore, Helm et al¹ did not take into consideration that some patients are reserved and time must be expended ensuring that as much of their body is covered during the examination to respect their privacy.

We recognize that this study was conducted to highlight inefficiencies in the TBSE and propose a

new standardized examination so that more patients actually undergo a full examination. However, our concern is that studies such as that by Helm et al¹ may inadvertently depreciate the complexity and value of the TBSE, fail to highlight the large percentage of body parts missed at the rapid TBSE pace reported, neglect several anatomic sites that need to be included in a complete skin examination, exclude dermoscopy and other dermatologic tools, and utilize time rather than accuracy as the primary outcome. In an effort to protect quality of care and the complex skill that trained dermatologists provide, we recommend that studies include untimed controls to measure diagnostic accuracy. Ultimately, efficiency should be measured by diagnostic accuracy and excellent patient care, not by seconds.

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